

Name In Full

Certificate of Death

John Allen

Died at <sup>Town</sup> Cambridge <sup>County</sup> Dorchester MARYLAND

Date 1902 <sup>Month</sup> 3 <sup>Day</sup> 2 Age 39 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Laborer

<sup>Male</sup> ~~Female~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Widower ~~Divorced~~ <sup>Number of children living</sup>~~

Husband of Maria Allen

Father's Name <sup>Mother's Maiden Name</sup> 27

Cause of <sup>Primary</sup> Tuberculosis <sup>How long sick</sup>

Death <sup>Immediate</sup> Heart Failure <sup>Accident, Suicide, Homicide</sup>

Reported by E. E. Wolff M.D.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date '19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas. H. Camper

Town

Cambridge

County

Brockton

MARYLAND

Died at

Date 1904

Month

3

Day

4

Age 60

Y.

M.

D.

Native of

ind

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

osteoporosis fibia

How long sick

6 months

Death

Immediate

Septic Pneumonia after amputation

Accident, Suicide, Homicide

Reported by

Address

Gustave M.D. Cambridge Hospital  
Cambridge ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Allison

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 21

Age

4-26-

Maryland

None

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

3

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Superficial rupture

How long sick

all his life

Death

Immediate

Dont know

150

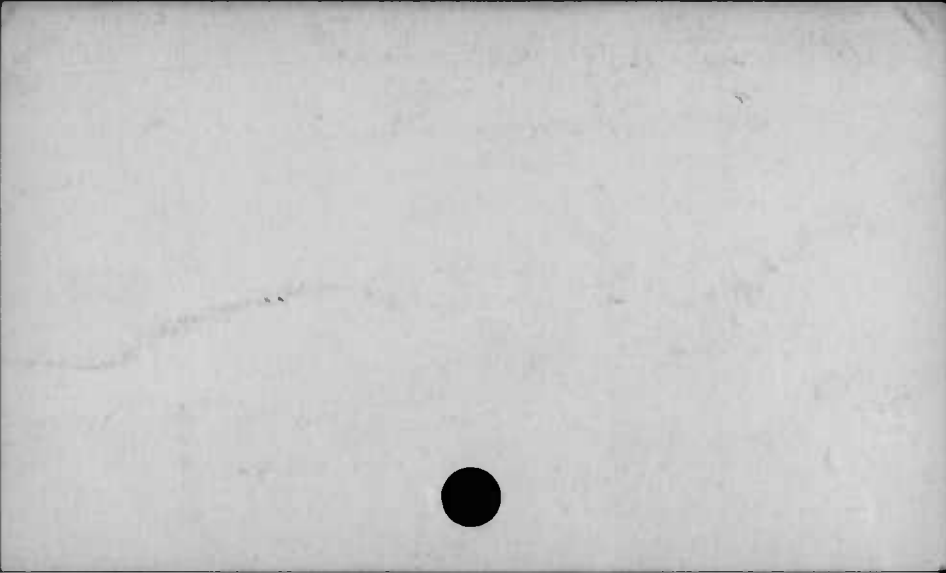
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Emma Cornish

Died at <sup>Town</sup> East Monrovia <sup>County</sup> Dorchester MARYLAND

Date 1902 3 14 Age 24 9 4 Native of Md Occupation house wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 2

Husband of Gus Cornish

Wife

Father's Name T. B. Chombrlain Mother's Maiden Name Mary Francis Chombrlain

Cause of Death { Primary Rapid Pneumonia How long sick 5 days

Immediate If function heart failed Accident, Suicide, Homicide

Reported by Victor E. Hitch.

Address East Monrovia Md 93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Toah A. Harris

Town

County

Died at

Church Creek

Hochester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

1

Age

32-11-24

Maryland

Laborer

Male

~~White~~

Married

~~Single~~~~Widow~~

Colored

Single

~~Widow~~

Number of children living

3

Husband of

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Clara H. Vaughn

John M. Harris

Maiden Name

Mother's

Mary Elizabeth Emmel

Uræmia

Convulsions

How long sick

120

1 day

Accident, Suicide, Homicide

C. F. Maguire M.D.

Church Creek

Hochester Co.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband

Father's  
Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~

Divorced

~~Single~~

Widower

Number of children living

MARYLAND

Cambridge

Orchester

3

18

85-4-5

Md

White

~~Colored~~

8

of

~~Wife~~Father's  
Name

Mother's

Maiden Name

How long sick

Cause of

Death

Reported by

Address

Primary

Immediate

Paralysis

Ephraim &amp; Maenia

66  
8 years nearly~~Accident, Suicide, Homicide~~

Mary Stule M.D.

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

*Justin Hoffman*

Town *Cambridge*

County *Essex*

MARYLAND

Died at  
Date 19 *04* Month *3* Day *5*

Y. M. D.  
Age *23*

Native of *—*

Occupation *Sailor*

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband of *not known*

Father's Name *not known*

Mother's Maiden Name *not known*

Cause of Death { Primary *drowning*

Death { Immediate

*172*

How long sick

Accident, ~~suicide~~, ~~homicide~~

Reported by *Samuel M.D.*

Address *Cambridge M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Ida May Hubbard

Town

County

MARYLAND

Died at

James

Borchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 12

Age 18

Ga.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Reta Jenkins

Town

County

Died at

MARYLAND

Date 19

02

Month

3

Day

30

Age

Y.

M.

D.

4

Native of

Md

Occupation

—

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Alfred Jenkins

Mother's  
Maiden Name

Martha Jenkins

Cause of

Primary

Pertussis

8

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

John Mace Mrs.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha Kane

Town

County

Died at

Cornersville

Lorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 23

Age 28

Sw.

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

Martin Kane

Wife

Father's

Mother's

Name

Abraham Cornish

Maiden Name

q3

Cause of

Primary

Pneumonia

How long sick

3 yrs

Death

Immediate

Tuberculosis of lungs

Accident, Suicide, Homicide

Reported by

S A Stokes M. B.

Address

Cornersville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maggie B. Keene

Town

County

MARYLAND

Died at

Church Creek

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar. 22

Age

1

4

23

Maryland

Infant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Infant

John H. Keene

Annie Chase

Cause of

Primary

Pertussis

How long sick

Several weeks

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

R. L. Lenthicum M.D.

Address

Church Creek Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5





Name in Full

Certificate of Death

John Richard Kiah. ✓  
 Died at <sup>Town</sup> Church Creek <sup>County</sup> Dorchester MARYLAND

Date 19 02 Month 3 Day 9 Y. M. D. Age 65 about Native of Md Occupation Oysterman  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Jane Cook-  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cause of Death { Primary Acute Nephritis  
 Immediate Uræmia.  
 119

How long sick 3 mos.  
~~Accident, Suicide, Homicide~~

Reported by E. E. Wolff, M.D.  
 Address Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Sarah ~~Warfield~~ Marshall*

Town

County

Died at *Cambridge* *Dorchester*

MARYLAND

Date 19 <i>02</i>	Month <i>Mch</i>	Day <i>17<sup>th</sup></i>	Age <i>40</i>	Y. <i></i>	M. <i></i>	D. <i></i>	Native of <i>Cambridge</i>	Occupation <i>Labored</i>
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Widowed	<input checked="" type="checkbox"/> Divorced				
<input type="checkbox"/> Female	<input type="checkbox"/> Colored	<input type="checkbox"/> Single	<input type="checkbox"/> Widower	Number of children living <i>three</i>				

Husband  
of

Wife

Father's Name *John Triffe*

Mother's Maiden Name *Mariah Triffe*

Cause of Death	Primary	<i>Consumption</i>	How long sick	<i>4 wks</i>
	Immediate	<i>"</i>	Accident, Suicide, Homicide	

Reported by *LeCompte & Sharper*

Address *Cambridge Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alvin Henry Matthews

Town

County

Died at

Church Creek Gloucester

MARYLAND

Date 19

02

Month

3

Day

2

Y.

M.

D.

Age

1 - 3 - 4

Native of

Maryland

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Not Known

Mother's

Maiden Name

Sarah M. Matthews

Cause of

Primary

Phthisis Pulmonalis

How long sick

one month

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. F. Magnuson M.D.

Address

Church Creek Gloucester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

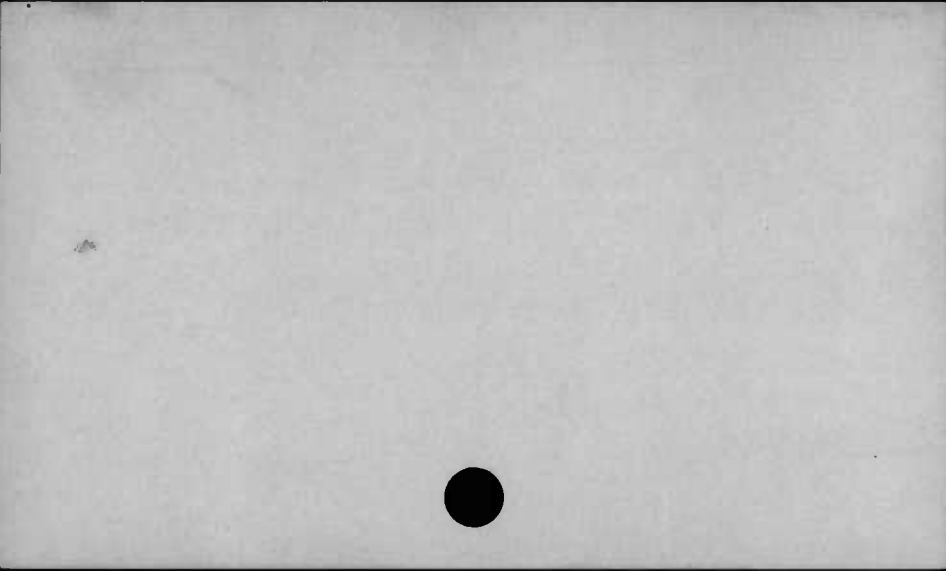


Eliza Anne Meekins  
 Town County  
 Died at Golden Hill Dorchester Co. MARYLAND  
 Date 1907 March 14 Y. M. D. Native of Md. Occupation Housewife  
 Male Female White Colored Married Single Widower Number of children living 3

Husband of Jeremiah Keene  
 Wife  
 Father's Name Jacob Meekins Mother's Maiden Name Anne Langrall  
 Cause of Death Primary Acute Pneumonic Tuberculosis How long sick ? (about 4 months ?)  
 Immediate Progressive Emaciation, Asthenia Assistant, Surgeon, Nurse

Reported by W. H. Houston Md.

Address Golden Hill Md.





Name in Full

Certificate of Death

Julia A. Phillips

Town

County

Died at

Lutkins

Sor.

MARYLAND

1902      Month 3      Day 9      Y. 76      M.      D.      Native of Md.      Occupation

Male      White      Married      Widow      Divorced  
 Female      Colored      Single      Widower      Number of children living

Husband of Charles Phillips deceased  
 Wife  
 Father's Name Not Known      Mother's Name Do not know

Cause of      Primary -      How long sick

Death      Immediate      Premature old age      Accident, Suicide, Homicide

Reported by Dr. A. Sayers

Address R. Baumgardner      154      Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Pinket

Town

County

Died at

Hurlock

Dorchester

MARYLAND

Date 19

02

Month

Day

3

26<sup>th</sup>

Age

26

Y.

M.

D.

Native of

Occupation

Maryland

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

of

Wife

Father's

Name

Gabriel Pinket

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

Death

Immediate

Exhaustion

How long sick

About 4 weeks

Accident, Suicide, Homicide

Reported by

G. A. Haefner M.D.

Address

Hurlock

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Annie Price

Town

County

Died at

MARYLAND

Date 19

04

Month

3

Day

26

Age

Y.

M.

D.

77 -

Native of

md

Occupation

Thursive

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband  
of

Wife

Father's

Name

Dont know

Mother's

Maiden Name

Dont know

Cause of

Primary

Consumption

How long sick

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

John Moore md.

Address

Cambridge md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lucy Sammons

Town

County

Died at Cambridge

Dorchester

MARYLAND

Date 1904 3 18 Age 46 Native of md Occupation Housewife

Female White Married Widower ~~Divorced~~ Number of children living 2

Wife of Jas. E. Sammons

Father's Name Geo. H. Berry Mother's Maiden Name Mary Coulburn

Cause of Death Primary Immediate Burnt in destruction of the house

How long sick

Accident, Suicide, Homicide

Reported by 16 Mary Stueb md.

Address Cambridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Rachiel I Stanley

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 March 3

Age

38

doverchester Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

dout 16

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Childbirth

How long sick

Death

Immediate

my

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full

Certificate of Death

John Travers  
 Town County  
 Died at Smithville - Dorchester MARYLAND  
 Date 1902 March 4 Age 62-7-27 Md. Farming  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2  
 Husband of Martha Travers. 64  
 Father's Name Mother's Name  
 Cause of Death { Primary Cerebral Haemorrhage How long sick 1 week  
 Immediate Exhaustion ~~Accident, Suicide, Homicide~~  
 Reported by Dr. J. B. Thruver, Jr.  
 Address Taylors Isl. Dorchester Co Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margraue-Wheatley

Town

County

Died at

Cambridge

Worcester Co

MARYLAND

Date 1902

Month Day

March 4

Y.

M.

D.

Age 64 years

Native of

Cambridge

Occupation

Labor

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living /

~~Husband~~ of

John Wheatley

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

2 years

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

LeCompte + Harper

Address

Cambridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 28

Age

14

Aireys

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
NameCause of  
PrimaryDeath  
Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Salamon W. King

Town

County

Died at

Lloyd's

Lachester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 5

Age 25

Ga.

Farm hand

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Levi Ward

Mother's

Maiden Name

Victoria Emmals

Cause of

Primary

Gunshot wound of brain

How long sick

3 hours

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

S. A. Stokes

m.b. 166

Address

Crownsville

md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

